

BASHH

Sexual health in Wales

Change can be unsettling, especially when the process seems to be occurring too quickly or, as ironically in Wales, too slowly. Back in 1999, the newly formed Welsh Assembly committed itself to improving the sexual health of the three million population of the principality. Wales at that time had eight consultant genitourinary physicians working in 14 clinics, rather than the 24 suggested by the Royal College of Physicians staff planning team based on consultants per head of population. In 2000 *A Strategic Framework for Promoting Sexual Health* was published.¹ The action plan aimed to:

- ensure all young people in Wales receive effective education about sex and relationships as part of their personal and social development
- ensure that all sexually active people in Wales have access to good quality sexual health advice and services
- reduce rates of teenage pregnancy in Wales
- reduce incidence and prevalence of sexually transmitted infections in Wales
- promote a more supportive environment that encourages openness, knowledge, and understanding about sexual issues and fosters good sexual health
- strengthen monitoring, surveillance, and research to support future planning of sexual health services and interventions.

In response, the 22 local health boards set up sexual health groups, which developed local strategies in line with the national strategy. A high profile STI health promotion campaign targeting young people was carried out. Despite monies being made available to support the strategy little came to genitourinary medicine services, who by then were feeling the burden of a public who was now fully aware of the risks of unprotected intercourse and "asymptomatic chlamydia." Waiting lists soared; clinics that were previously "open access" became appointment only.

Lobbying by clinicians led to a review of sexual health services. The review aimed to:

- examine the trends in sexual health related epidemiology and to identify priorities and implications for future service provision
- map the current availability, quality, and choice of sexual health services across Wales

- examine the roles and responsibilities of those providing the services
- examine the national and international evidence base and best practice for effective delivery of sexual health services, and
- develop a patient centred, evidence based framework for delivery of the following NHS sexual health services; contraceptive care and abortion, HIV and STI diagnoses, treatment and care, and sexual and psychosexual problems. The framework for future delivery of targeted HIV prevention services was included.

Carried out in 2003, the report² was scathing and cited several external factors such as "lack of central direction to suggest that this is a key priority for Wales," "lack of strategic leadership to develop sexual health services," and "failure of NHS organisations, both providers and commissioners to prioritise and deal with this major health problem." Internal factors were also identified: "failure of services to modernise practice," "failure to develop meaningful partnerships,"... "Reluctance of the services to re-balance sexual health care provision," lack of resources, poor management."

The report recommended that these "deficiencies" should be tackled and that a sexual health service responsive to the needs of the population would require "commitment and support at the highest level, leadership, realignment of service provision with modernisation and improved performance, refocusing on the priorities and the contribution of the services at all levels with roles and accountabilities clearly defined, investment in premises, people, IT, surveillance systems, and gold standard tests." A "marriage" model for integration of family planning services and genitourinary medicine has been recommended.

So what has happened since the review? It is happening but very slowly!

In April, SaFF targets were announced: "All patients to have access to core sexual health services (HIV and sexually transmitted infection testing and routine contraceptive advice) within 2 working days." This target is to be achieved by April 2006.

We now have a champion for sexual health in Wales—Dr Marion Lyons has been seconded to the Welsh Assembly since spring 2005 to lead on modernisation. As she conducted the review she has insight into some of the fundamental issues in Wales. She is tasked with

producing a set of sexual health standards for Wales, which at the time of writing had been seen in draft form. Much briefer than the English MedFASH standards they cover STI, contraception, abortion, HIV/AIDS, psychosexual services, as well as standards for sexual health networks and health promotion. Service specifications for all sexual health services have been circulated to all trusts and local health boards. There is no immediate signs of a chlamydia screening programme, but there are plans to improve STI surveillance. You ask "Where is the funding for all of this?" So do we in Wales!

In June 2001 the then minister for health, Jane Hutt, announced £1.045 million recurrent funding, from which £545 000 was allocated to the health authorities on a capitation basis to support implementation of their local sexual health strategies. From this a new consultant genitourinary physician and a new community gynaecologist post were created: £250 000 was allocated centrally for an STI prevention campaign and £250 000 for implementing antenatal HIV screening.

To date £0.5 million has been allocated in 2005–6 for the process of integration and modernisation across all sexual health agencies. However, the total ring fenced money for family planning and genitourinary medicine is £13.9 million. This hardly touches some of the deficiencies that continue to exist and is nowhere near that allocated in England.

Integration is moving at different speeds across Wales. Sexual health units aim to offer a comprehensive genitourinary and family planning services akin to what is currently being delivered separately. Ownership, logistics, and cultural change are issues that have arisen. It may take several years for this vision to be realised, but what is priority at the moment—enhancing access to services—is not occurring because of these issues of perceived barriers to change across all agencies and inadequate funding.

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REFERENCES

- 1 Welsh Assembly. *A strategic framework for promoting sexual health in Wales*. Cardiff: Welsh Assembly, 2001.
- 2 *Sexual Health in Wales and Sexual Health Services in Wales* (available at www.nphs.wales.nhs.uk).